

Born in Cleveland YES NO

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist _____

SOLVE

FIRST NAME

HALLQVIST

LAST NAME

Address WEST HILL DRIVE
NO. GATES MILLS

STREET

CITY

ZONE

CUYAHOGA
COUNTY

Tel. HA-3-4730

Out-of-town residents should state whether return shipment is required. YES NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
		N.F.S.	CANDLESTICKS *	STERLING	10	2586 A
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		35				
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		8-25.-				
			X Lent by			
			Dr. + Mrs. G. Seltov.			
			G			

All.

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.

REC'D MAR 11 1963

Solve Hallqvist
SIGNATURE